

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller

Name (Print)

D-East F-22

Housing Location

04-12-61

Date of Birth

393626

SBI Number

10-10-04

Date Submitted

Complaint (What type of problem are you having)? I AM HAVING SHARP PAINS
IN MY FEET AND I HAVE BEGAN TO LOSE FEELING
IN MY TOES. I'VE BEEN COMPLAINING ABOUT THIS
SINCE JANUARY AND I HAVE YET TO BE EXAMINED.

Julian Miller

Inmate Signature

10-10-04

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

TO: DEPUTY WARDEN
Betty BURRIS
FROM: JULIAN MILLER
393626

10-11-04

EXHIBIT-U

RE: INADEQUATE MEDICAL TREATMENT

Dep. WARDEN BURRIS,

I HAVE DEVELOPED A CRITICAL MEDICAL CONDITION THAT HAS BEEN IGNORED AND UNTREATED FOR 9 MONTHS NOW DESPITE CONSTANT AND ONGOING COMPLAINTS OF PAIN AND PROGRESSION. I HAVE REQUESTED TO BE SEEN BY A SPECIALIST OR TO BE SENT TO AN OUTSIDE HOSPITAL ON SEVERAL OCCASIONS AND THOSE REQUEST HAVE BEEN IGNORED ALSO. THIS IS A SUMMARY OF MY SITUATION: IN JANUARY, MY ARCHES IN MY FEET BEGAN FALLING. I BEGAN SUBMITTING SICK-CALL SLIPS PARTICULARLY DETAILING THE PAIN I WAS EXPERIENCING. AN INMATE BEGAN SCREENING AND PULLING MY SICK-CALL SLIPS SO THAT MY APPOINTMENT WOULD BE WITH HER EVEN THOUGH SHE TOLD ME IN OUR FIRST MEETING THAT THERE WAS NOTHING SHE COULD DO FOR ME BUT ORDER ME SOME MOTRIN OR TYLENOL BECAUSE THE MEDICAL STAFF DID NOT ISSUE SNEAKERS OR ORTHOPEDIC SHOES ANYMORE. THIS WHOLE TIME I'M IN CONSTANT CONTACT WITH INMATES WHOSE SITUATION IS LESS SERIOUS THAN MINE AND WHO CAN WALK BETTER THAN I CAN BEING ISSUED SNEAKERS AND ORTHOPEDIC SHOES. I ALSO NOW KNOW 4 INMATES WHO GETS FOOT THERAPY.

EXHIBIT-U

if people with NO MEDICAL EXPERIENCE (LAYMEN) CAN SEE THAT I NEED A DOCTOR'S ATTENTION; THEN THERE IS NO WAY MEDICAL STAFF WITH EXPERIENCE AND DEGREES SHOULD BY ALL MEANS BE ABLE TO SEE THAT SOMETHING NEEDS TO BE DONE. THIS IS WITHOUT A DOUBT INADEQUATE MEDICAL TREATMENT AND BORDER DELIBERATE INDIFFERENCE IN THAT THE MEDICAL STAFF HAVE CLEAR KNOWLEDGE OF THE SITUATION BUT IGNORE OR REFUSE TO PROPERLY TREAT IT. THIS ALSO CONSTITUTES A VIOLATION OF MY CIVIL RIGHTS PROSCRIBED BY THE U.S. CONSTITUTION IN THAT I'M NOT ABLE TO EXERCISE OR SLEEP PROPERLY DUE TO PAIN, NOR AM I ABLE TO WALK MORE THAN 100 METERS OR SO BEFORE PAIN SET IN. DEPUTY WARDEN BURRIS YOU HAVE THE POWER AND LEGAL DUTY TO INTERVENE IN THIS MATTER. I'VE GONE FAR TOO LONG WITHOUT TREATMENT. THIS SITUATION COULD HAVE BEEN AVOIDED BY ORDERING A PAIR OF SNEAKERS AND/OR ORTHOPEDIC SHOES (WHICH YOU CAN SEE IN THE ENCLOSED EXHIBIT G3) THEY TOLD ME THEY HAD APPROVED. NOW I MAY HAVE TO HAVE SURGERY. MY HAND IS BEING FORCED TO GO BEFORE THE COURT TO SEEK RELIEF. I WAS TRYING TO WORK WITH THE SYSTEM TO RESOLVE THIS AND RELIEVE MY PAIN. YOUR CONSIDERATION WOULD BE GREATLY APPRECIATED AND THANK YOU FOR YOUR TIME . . .

Julian Miller

DIRECTOR FOMS

EXHIBIT-V

10-14-04

LINDA HUNTER

BRENDA LEE,

My arches in my feet began falling in JANUARY. I submitted many sick call slips AND 3 GRIEVANCES PARTICULARLY detailing the pain that I WAS EXPERIENCING. THEN the condition began to PROGRESS AND my feet began swelling. RN THOMAS, DR. ALIE, AND the medical staff HAVE IGNORED my complaints for 9 months NOW. EXCEPT for telling me they do NOT ISSUE SNEAKERS OR medical, orthopedic shoes ANY MORE. I've REQUESTED to be SEEN by a SPECIALIST OR to be SENT to an outside hospital but those REQUEST HAVE BEEN IGNORED ALSO.

DR ALIE diagnosed this condition AS postherpetic NEURALGIA ON 5-4-04 AND ORDER^{ED} some medicine called GABA PENTIN which I've BEEN taking NOW for five months AND it HAS done absolutely NOTHING for my situation. AS A MATTER of FACT, I've gotten worse SINCE I began taking it. I've begun to lose feeling in my toes AND these state issued boots make my feet hurt AND swell the longer I wear them. Plus, the PROGRESSION of my condition HAS ESCALATED WHEREAS NOW my legs AND ankles swell along with my feet AND when they go down they ARE SORE from having BEEN swollen. In the first months, most of my sick call slips WERE SCREENED AND pulled by RN THOMAS so I could always

EXHIBIT W I

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Inmate Copy

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: My arches in my feet began falling in Jan 04. This sept 6 04 and my feet haven't been examined as of yet. although I've made continous and ongoing complaints about pain and progression of this ailment. I've also requested to be seen by a foot specialist or to be sent to an outside doctor on at least 3 occasions that I have record of. I have begun to lose feeling in my toes at certain times, plus haven't been able to sleep, exercise or walk properly since 1/04. this ignoring of my situation demonstrates deliberate indifference and makes a serious situation, very serious.

Remedy Requested : That some size 13 sneakers be ordered to replace the boots that i currently have because they aggravate my feet: and I'd like to be examined by a foot specialist as I've requested before to determine what else is necessary.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 09/14/2004
Investigation Sent : 09/14/2004	Investigation Sent To : Hastings, Terry L
Grievance Amount :	

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 22, Bottom	

INFORMAL RESOLUTION

Investigator Name : Hastings, Terry L Date of Report 09/14/2004

Investigation Report : Dr. Alie continues to deny

To Level II

Reason for Referring:

Offender's Signature:_____

Date :_____

Witness (Officer) :_____

EXHIBIT X

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

JULIAN MILLER

Name (Print)

D-EAST F-22

Housing Location

04-12-61

Date of Birth

393626

SBI Number

10-10-04

Date Submitted

Complaint (What type of problem are you having)? I AM HAVING SHARP PAINS IN MY FEET AND I HAVE BEGAN TO LOSE FEELING IN MY TOES. I'VE BEEN COMPLAINING ABOUT THIS SINCE JANUARY AND I HAVE YET TO BE EXAMINED.

Julian Miller

Inmate Signature

10-10-04

Date

The below area is for medical use only. Please do not write any further.

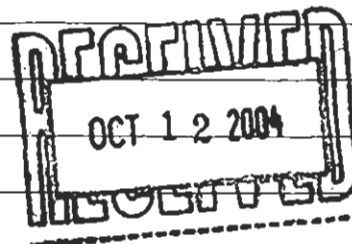
S: You have been scheduled for above issue - MF

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:



Provider Signature & Title

Date & Time

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

IGC

Medical Provider:

Date Assigned :

Comments:

☒ Forward to MGC

☐ Warden Notified

☐ Forward to RGC

Date Forwarded to RGC/MGC : 10/12/2004

☐ Offender Signature Captured

Date Offender Signed :

EXIB 7 Y 2

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

APPEAL REQUEST

yes

REMEDY REQUEST

In january I began complaining about my feet and the medical staff told me, my arches was falling. RN Ihoma said that they didn't issue sneakers or orthopedic shoes but she could issue me some arch supports. 3 months later after my arches had fell I received some hard plastic arch supports that hurts more when I wear them. I've requested to see a foot specialist on several occasions. I am unable to exercise, sleep or walk properly and it has been 9 months and I have yet to even be examined, plus I'm beginning to lose feeling in my toes and the balls of my feet. I just want to be seen by someone who is qualified so that I can be relieved of this pain and suffering and be able to sleep and walk normally like I was before Jan 04. Thank You for your time.

EXHIBIT Y3

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 10/19/2004

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

MGC**Date Received :** 10/12/2004**Date of Recommendation:** 10/19/2004**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
Staff		Reeve, Diane	Deny
Staff		Breton, Monique	Deny
Staff		Dunn, Lee Anne	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT**Uphold :** 0**Deny :** 3**Abstain :** 1**TIE BREAKER**

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Denied
 Recommend an appointment with Dr. Alie
 Appeal form given with instructions.

EXHIBIT Z1

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER D-East F-22
Name (Print) Housing Location
4-12-61 393626 11-1-04
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I have lost most of
the feeling in my toes and I cannot sleep
properly at night because of the sharp pains
and throbbing I have been having for 3 months.
SEE REVERSE

Julian Miller 11-1-04
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

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E:

Provider Signature & Title

Date & Time

EXHIBIT 22

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER

D-EAST

F-22

Name (Print)

Housing Location

4-12-61

393626

11-1-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? I HAVE lost most of
 the feeling in my TOES AND I CANNOT SLEEP
 PROPERLY AT NIGHT BECAUSE OF THE SHARP PAINS
 AND THROBBING I HAVE BEEN HAVING FOR 3 MONTHS.
 SEE REVERSE SIDE

Julian Miller

11-1-04

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: 11-03-04 - Sch'd 2 M.P. skrn

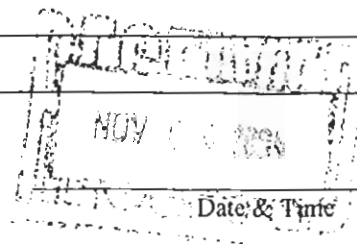
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title



FORM #585

MEDICAL GRIEVANCE

D 1/3/05

FACILITY: DCC SMYRNADATE SUBMITTED: 12-10-04INMATE'S NAME: JULIAN MILLERSBI#: 393626HOUSING UNIT: D-EAST F-22CASE #: 10041

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

IN JANUARY 2004, MY ARCHES IN MY FEET BEGAN TO FALL. SINCE THAT TIME, I HAVE WENT THROUGH PHASES WITH MY FEET AND LEGS SWELLING, SHARP PAINS AND NOW THE LOSS OF FEELING IN MY TOES. I HAVE REQUESTED ON NUMEROUS OCCASIONS TO BE SEEN BY A FOOT SPECIALIST TO BETTER DETERMINE THE DAMAGE THAT HAS BEEN DONE. I AM UNABLE TO SLEEP, EXERCISE OR WALK PROPERLY SINCE JAN. 2004. I WOULD LIKE TO REQUEST AGAIN TO BE SEEN BY A FOOT SPECIALIST OR PEDIATRIST.

GRIEVANT'S SIGNATURE: Julian MillerDATE: 12-10-04

ACTION REQUESTED BY GRIEVANT:

THAT I BE SCHEDULED TO SEE A FOOT SPECIALIST EITHER ON SITE OR AT AN OUTSIDE FACILITY. I WAS ONCE APPROVED FOR ORTHOPEDIC SHOES BUT NEVER RECEIVED THEM. I WOULD LIKE TO BE FITTED FOR AND RECEIVE THEM IF THEY WILL HELP.

DATE RECEIVED BY MEDICAL UNIT: _____

RECEIVED

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DEC 15 2004

Inmate Grievance Office

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOV Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action** ☐ **Parole Decision** ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 6816.
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

Revised at Bureau Chief level.


Inmate Grievance Chairperson

DEC 28 2004

Date

FORM #585

MEDICAL GRIEVANCE

FACILITY: DCC SMYRNA
INMATE'S NAME: JULIAN MILLER
HOUSING UNIT: D-EAST F-22

DATE SUBMITTED: 12-10-04
SBI#: 393626
CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

IN JANUARY 2004, MY ARCHES IN MY FEET BEGAN TO FALL. SINCE THAT TIME, I HAVE WENT THROUGH PHASES WITH MY FEET AND LEGS SWELLING, SHARP PAINS AND NOW THE LOSS OF FEELING IN MY TOES. I HAVE REQUESTED ON NUMEROUS OCCASIONS TO BE SEEN BY A FOOT SPECIALIST TO BETTER DETERMINE THE DAMAGE THAT HAS BEEN DONE. I AM UNABLE TO SLEEP, EXERCISE OR WALK PROPERLY SINCE JANUARY 2004. I WOULD LIKE TO REQUEST AGAIN TO BE SEEN BY A FOOT SPECIALIST OR PODIATRIST.

GRIEVANT'S SIGNATURE: _____

DATE: _____

ACTION REQUESTED BY GRIEVANT: _____

THAT I BE SCHEDULED TO SEE A FOOT SPECIALIST EITHER ON SITE OR AT AN OUTSIDE FACILITY. I WAS ONCE APPROVED FOR ORTHOPEDIC SHOES BUT NEVER RECEIVED THEM. I WOULD LIKE TO BE FITTED FOR AND RECEIVE THEM IF THEY WILL HELP.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER

Name (Print)

4-12-61

Date of Birth

00393626

SBI Number

D-East F-TIER CELL-22

Housing Location

12-27-04

Date Submitted

Complaint (What type of problem are you having)? I AM HAVING SHARP PAINS
IN MY FEET AND LOWER LEGS. I'M ALSO HAVING
PROBLEMS WALKING MORE AND MORE. MY
FEET SWELLS AND ACHES. I WOULD LIKE TO

Julian Miller

Inmate Signature

12-27-04

Date

REVERSE →

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: DCC Smyrna
INMATE'S NAME: Julian Miller
HOUSING UNIT: D-East F-22

DATE SUBMITTED: 1-13-05
SBI#: 393626
CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

For 12 months now I have been complaining of pain and requesting to see a foot specialist. For the last 3 months I've been complaining of sharp pains, swelling and loss of feeling in my toes and feet. I have not been examined or put on a list as of yet to see a foot specialist even though I've been promised to be. I can barely walk and I cannot exercise or sleep properly. This is amounting to cruel and unusual punishment.

GRIEVANT'S SIGNATURE: _____

DATE: 1-13-05

ACTION REQUESTED BY GRIEVANT:

I would like to be examined by a foot specialist or to be sent to an outside doctor to determine what is wrong with me, since the medical staff here don't have a clue.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

EXHIBIT A4

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 10794	Grievance Date : 01/13/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Medical Staff	Incident Date : 01/13/2005	Incident Time :
GC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: For 12 months now I have been complaining of pain and requesting to see a foot specialist. For the last 3 months I've been complaining of sharp pains, swelling and loss of feeling in my toes and feet. I have not been put on a list as of yet to see a foot specialist, even though I've been promised to be. I can barely walk and I cannot exercise or sleep properly. This is amounting to cruel and unusual punishment.

Remedy Requested : I would like to be examined by a foot specialist or to be sent to an outside doctor to determine what is wrong with my feet since the medical staff here don't have a clue.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 01/20/2005
Investigation Sent : 01/20/2005	Investigation Sent To : Munson, Amy
Grievance Amount :	

Duplicate

As you CAN SEE this ISN'T A duplicate GRIEVANCE, there is now like it before. However it is about the SAME ISSUE which HAVEN'T BEEN RESOLVED FOR AN ENTIRE YEAR! JAMiller

EXHIBIT A-4

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 10794	Grievance Date : 01/13/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 01/13/2005	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 22, Bottom	

INFORMAL RESOLUTION

Investigator Name : Munson, Amy Date of Report 01/20/2005

Investigation Report : #6816 Duplicate grievance at level 3

Reason for Referring:

Investigator Name : Wolken, Gina

Date of Report 01/24/2005

Investigation Report :

Reason for Referring:

Duplicate

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

EXHIBIT A-5

Douglas Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Inmate Copy

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 01/26/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: My arches in my feet began falling in Jan 04. This sept 6 04 and my feet haven't been examined as of yet. although I've made continous and ongoing complaints about pain and progression of this ailment. I've also requested to be seen by a foot specialist or to be sent to an outside doctor on at least 3 occasions that I have record of. I have begun to lose feeling in my toes at certain times, plus haven't been able to sleep, exercise or walk properly since 1/04. this ignoring of my situation demonstrates deliberate indifference and makes a serious situation, very serious.

Remedy Requested : That some size 13 sneakers be ordered to replace the boots that i currently have because they aggravate my feet; and I'd like to be examined by a foot specialist as I've requested before to determine what else is necessary.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 09/14/2004
Investigation Sent : 09/14/2004	Investigation Sent To : Hastings, Terry L
Grievance Amount :	

EXHIBIT #1-5-1

Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 22, Bottom	

INFORMAL RESOLUTION

Investigator Name : Hastings, Terry L Date of Report 09/14/2004

Investigation Report : Dr. Alie continues to deny

To Level II

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center

Date: 01/26/2005

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

EXHIBIT A-5-2

GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A

SBI# : 00393626

Institution : DCC

Grievance # : 6816

Grievance Date : 09/06/2004

Category : Individual

Status : Resolved

Resolution Status : Level 3

Inmate Status :

Grievance Type: Health Issue (Medical)

Incident Date : 09/06/2004

Incident Time :

IGC : Merson, Lise M

Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom

IGC

Medical Provider:

Date Assigned

Comments:

☒ Forward to **MGC**☐ Warden Notified☐ Forward to RGC

Date Forwarded to RGC/MGC : 10/12/2004

☐ Offender Signature Captured

Date Offender Signed :

EXHIBIT A-5-3

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION **MGC****OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A SBI# : 00393626 Institution : DCC
Grievance # : 6816 Grievance Date : 09/06/2004 Category : Individual
Status : Resolved Resolution Status: Level 3 Inmate Status :
Grievance Type: Health Issue (Medical) Incident Date : 09/06/2004 Incident Time :
IGC : Merson, Lise M Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom

MGC

Date Received : 10/12/2004

Date of Recommendation: 10/19/2004

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Reeve, Diane	Deny
Staff		Breton, Monique	Deny
Staff		Dunn, Lee Anne	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Denied
Recommend an appointment with Dr. Alie
Appeal form given with instructions.

EXHIBIT A-5-4

DCC Document Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261**GRIEVANCE INFORMATION - Appeal****OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

APPEAL REQUEST

yes

REMEDY REQUEST

In January I began complaining about my feet and the medical staff told me, my arches was falling. RN Ihoma said that they didn't issue sneakers or orthopedic shoes but she could issue me some arch supports. 3 months later after my arches had fell I received some hard plastic arch supports that hurts more when I wear them. I've requested to see a foot specialist on several occasions. I am unable to exercise, sleep or walk properly and it has been 9 months and I have yet to even be examined, plus I'm beginning to lose feeling in my toes and the balls of my feet. I just want to be seen by someone who is qualified so that I can be relieved of this pain and suffering and be able to sleep and walk normally like I was before Jan 04. Thank You for your time.

EXHIBIT A-5-6

DCC Document Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

REFERRED TO

Due Date :	Referred to:	Name:
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Type of Information Requested :

DECISION

Date Received : 10/26/2004

Decision Date : 11/16/2004

Vote : Uphold

Comments :

I recommend that FCM immediately authorize an outside consult with a foot specialist to address the Grievant's condition, which their treatment protocol has been unable to solve.

EXHIBIT A-5-6

Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - Bureau Chief**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

DECISION

Decision Date: 01/03/2005 **Vote** : Uphold

Comments :

I concur with the recommendation of the BGO.

EXHIBIT A-5-1

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

January 3, 2005

Inmate MILLER JULIAN A
SBI # 00393626
DCC Delaware Correctional Center
SMYRNA DE, 19977

Dear JULIAN MILLER:

We have reviewed your Grievance Case # 6816 dated 09/06/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard
Bureau Chief

Affidavit of Service

I, Julian A. Miller, hereby certify that I have served a true and correct cop(ies) of the attached: U.S. Marshal-285, complaint, memo in support, amended complaint upon the court for the following parties/person (s):

TO: ATTORNEY GENERAL
820 North French Street
Wilmington, Delaware
19801

TO: Stanley Taylor
DCC Commissioner
245 Mc Kee Road
Dover, Delaware
19901

TO: Thomas Carroll
DCC Warden
1181 Paddock Road
Smyrna, Delaware
19977

TO: Dr. Alie
Medical Director DCC
1181 Paddock Road
Smyrna, Delaware
19977

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, Smyrna, DE 19977.

On this 3rd day of March, 2005

Affidavit OF SERVICE

I, Julian A. Miller, hereby certify that I have served a true and correct copy(ies) of the attached: U.S. Marshal 285, complaint, memo in support, amended complaint upon the court for the following parties/person (s);

TO: RN Ihoma
Registered Nurse DCC
1181 Paddock Road
Smyrna Delaware
19977

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, Smyrna, DE 19977, r

On this 3rd day of March, 2005.
